

## APPLICATION FOR EMPLOYMENT

The City of Erlanger is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. If you require an accommodation to complete the application process, contact the City Clerk at (859) 727-2525.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Employment Type:    ☐ Full-time    ☐ Part-time    ☐ Temporary    ☐ Volunteer

Shifts Desired:    ☐ Days    ☐ Nights    ☐ Evenings    ☐ Weekends    ☐ On Call

Salary Desired: \$ \_\_\_\_\_ Minimum Acceptable Salary \$ \_\_\_\_\_

How did you hear of us? \_\_\_\_\_ (Social Media, Radio, or Other)

List other names you may have used in previous employment: \_\_\_\_\_

\_\_\_\_\_  
Your Current Address:

\_\_\_\_\_  
Number                      Street                                      City                                      County                                      State                                      Zip Code

Cellphone    (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Other Phone    (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Email address: \_\_\_\_\_

Are you at least 18 years old?    ☐ Yes    ☐ No

Have you filed an application with the City of Erlanger before?    ☐ Yes Date(s) \_\_\_\_\_ ☐ No

Have you ever been employed by the City of Erlanger previously?                                      ☐ Yes    ☐ No

If yes, please provide the following:

Date(s) employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Department: \_\_\_\_\_

Are you currently employed? ☐ Yes    ☐ No    May we contact your current employer? ☐ Yes    ☐ No

**YOUR EMPLOYMENT HISTORY (MAY INCLUDE VOLUNTEER POSITIONS)**

Starting with the most recent position, list below the names of ALL former employer(s) for the last 15 years. If you had more than one position with the same employer, list each separately. Include military service assignments and volunteer activities. Exclude statements, which indicate race, color, religion, sex, national origin, or disability.

Name of Employer:	Name of Supervisor:
Address:	Employed: From (mo/yr)                      To (mo/yr)
Phone: (       )	Pay: Starting Pay \$
City, State, Zip Code:	Pay: Final Pay \$
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
Duties:	Reason for Leaving:

Name of Employer:	Name of Supervisor:
Address:	Employed: From (mo/yr)                      To (mo/yr)
Phone: (       )	Pay: Starting Pay \$
City, State, Zip Code:	Pay: Final Pay \$
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
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City, State, Zip Code:	Pay: Final Pay \$
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
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Name of Employer:	Name of Supervisor:
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Phone: (       )	Pay: Starting Pay \$
City, State, Zip Code:	Pay: Final Pay \$
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:

Duties:	Reason for Leaving:
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### SPECIAL SKILLS AND AWARDS

What skills or additional training do you have that are related to the job for which you are applying?\_\_\_\_\_

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What machines or equipment can you operate that are related to the job for which you are applying?\_\_\_\_\_

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What computer equipment, software or word processing packages are you familiar with?\_\_\_\_\_

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Is there any other information you would like to share (ie. Awards, etc.).\_\_\_\_\_

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Type of License, Registration Number or Certification	State or Licensing Authority	Expiration Date

**FOR DRIVING JOBS ONLY:**

Do you have a valid driver's license?

☐ No ☐ Yes

State: \_\_\_\_\_ Class: \_\_\_\_\_ Driver's license # \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years?

☐ Yes ☐ No

Do you have a reliable method of getting to work?

☐ Yes ☐ No**EDUCATION AND TRAINING**

Schools	Name & Address of Institution	Number of Years Attended	Type of Courses Major/Minor	Degree Obtained
High School/ G.E.D.				
College/ University				
College/ University				
Vocational/ Technical				

List any additional courses, training, assignments, qualifications or experience you feel may be helpful to us in considering your application.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## MILITARY RECORD

Branch of U.S. Military Service from (month/year) to (month/year): \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Military Occupation Specialty and/or Major Duties: \_\_\_\_\_

\_\_\_\_\_

Honors or Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Have you worked or attended school under any other names? ☐ Yes ☐ No

If yes, give names: \_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No

If yes, whom do you suggest we contact? \_\_\_\_\_

\_\_\_\_\_

Have you ever been fired or asked to resign? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give three work-related references, not relatives. Include Name, Email, Phone and Company Name

Name	Home/Email Address	Phone Number	Company

(Criminal Records Verifications are conducted – should you be unsure, visit your local police department and request a copy of your records.)

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain giving dates, location(s), and complete name at the time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any relatives employed by the City of Erlanger? ☐ Yes ☐ No

If yes, provide the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department Employed by: \_\_\_\_\_ Job Title: \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Are you attaching a copy of your resume as part of your application? ☐ Yes ☐ No

Does your citizenship or immigration status lawfully allow you to be employed in this country?

(Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

## AGREEMENT

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

I AUTHORIZE THE CITY OF ERLANGER TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.

I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES, I WILL BE REQUIRED TO ENROLL AND PARTICIPATE IN AN APPROPRIATE KENTUCKY RETIREMENT PLAN IMMEDIATELY FROM POINT OF EMPLOYMENT IN A REGULAR STATUS POSITION – FAILURE TO DO SO SHALL RESULT IN TERMINATION OF EMPLOYMENT.

PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.

I UNDERSTAND THAT CITY OF ERLANGER POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A SIX-MONTH INTRODUCTORY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO KCTCS. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS INITIAL SIX-MONTH PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT CITY OF ERLANGER HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE INTRODUCTORY PERIOD, I SHALL BE CONSIDERED BY THE CITY OF ERLANGER TO HAVE EARNED CONTINUED EMPLOYMENT STATUS.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS APPLICATION WILL REMAIN VALID AND ON FILE FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

When you have completed and signed this application, print it out and mail it to: City of Erlanger, Human Resources Administrator, 505 Commonwealth Avenue, Erlanger, KY 41018-0818. You may send a PDF version of this application to: [HR@cityoferlanger.com](mailto:HR@cityoferlanger.com)